Effective Interventions for Heterosexuals Literature Summary

Individual-Level

Padian NS, O'Brien TR et al. (1993) Prevention of Heterosexual Transmission of Human Immunodeficiency Virus Through Couple Counseling. Journal of Acquired Immunodeficiency Syndrome. 6(9):1043-8

HIV+

144 HIV infected individuals and their heterosexual partners. Every six months, each member of the couple was interview separately by a staff member to obtain epi information and offered couple counseling. Couples were counseled together for firs session on how to purchase, store and use condoms how to refrain from practicing anal sex; how to choose abstinence; and how not to enter into sexual relations with new partners.

The intervention was effective at improving safer sex behaviors, with behavior change occurring between initial enrollment and the first follow up. 85% of the couples who did not use condoms at initial enrollment did so by the most recent follow-up. 49% reported consistent condom use increased from 49% at enrollment to 88% at first follow-up. Other behavior changes were also made.

Group-Level

Cohen D, Dent C, et al. (1991) Condom Skills Education and Sexually Transmitted Disease Reinfection. *Journal of Sex Research* 28(1): 139-144.

POC
(mostly
African-
Am)

Los Angeles, California. 192 STD clinic patients most of who were African-Am. Increase familiarity and skill with condoms was a single group session (30 mins) for men and women registered at the STD clinic. The brief condom skills education session was led by a female health educator during regular clinic hours at the STD clinic.

Compared with controls, men and women exposed to the group intervention in the STD clinic waiting room were approximately half as likely to return to the clinic within the next 12 months with a new STD. This was a significant decrease in return rates.

Concern: Setting specific?

Cohen D, MacKinnon DP, et al. (1992) Group Counseling at STD Clinics to Promote Use of Condoms. <i>Public Health Reports</i> 107(6):		
727-730.		
POC	Los Angeles, California. 426 STD clinic patients most of who	The rate of STD reinfection was significantly lower for men
(mostly	were African-Am. Small group format while patients were	who participated in the intervention than for men who did
African-	waiting for their STD clinic appointments. Groups were 10 to	not participate in the intervention. Concerns: No effect for
Am)	25 people per session. Led by African American female health	women. Setting specific?
	educator – soap opera-formatted video showing condom use as	
	socially acceptable, a facilitated group discussion on methods	
	of preventing STDs and promoting condom use and role	
	playing, skill-building exercises to enhance condom	
	negotiation with sex partner.	

O'Leary A, Ambrose TK et al. (1998) Effects of an HIV risk reduction project on sexual risk behavior of low-income STD patients.		
AIDS Education and Prevention 10 (6): 483-492.		
POC	659 patients, aged 17-44, at 7 public STD clinics in 3 eastern	Both groups showed significant risk reduction over time,
(mostly	states. Mostly African-Am. Info and skill-building	but no difference between two groups. Authors suggest 90-
African-	intervention consisted of 7 90-minute modules, derived from	minute interview may have enhanced subjects' motivation
Am)	successful adolescent program. Control was existing	to be safer. Also, elements from adolescent program may
	counseling at clinics. Each group completed 90-minute	not have been relevant to adults.
	interview of risk behaviors, etc.	

Kelly JA, N	Kelly JA, Murphy DA et al. (1994) The effects of HIV/AIDS Intervention Groups for High-risk Women in Urban Clinics. American		
Journal of	Public Health 84(12):1918-1922		
Women	197 women at urban primary care clinic randomly assigned to	At 3-month follow-up, intervention group had increased	
(African-	intervention or control. Intervention included four 90 min	communication and negotiation skills, decreased UVI,	
Am)	group sessions and 1 month group follow-up with 8-10 women	increased condom use. Control group showed no change.	
	in group with two leaders. Provided information, role plays,	<u>Concern</u> : short follow-up	
	managing 'triggers', group problem solving and active		
	support. Comparison group attended sessions on health topics		
	unrelated to AIDS.		

Schilling R	F, EL-Bassel et al. (1991) Building Skills of Recovering Women	Drug Users to Reduce Heterosexual AIDS Transmission.
Public Hea	alth Reports 106(3): 297-304.	
Women/ POC	91 African-American and Hispanic women enrolled for at least 3 months in five clinics in a large methadone maintenance program in NYC. Non-peer led skills-building groups held five 2-hour sessions offered to groups of 9-10. Topics included: HIV 101; identification of high-risk sexual practices; discussion of barriers to adopting safer sex practices; discussion of negative associations with condoms; condom use	The skill-building intervention group showed statistically significant higher use of condoms than those in the control group at follow-up. Participants also more comfortable taking and carrying condoms, talking about safer sex with partners, had more favorable attitudes toward condoms. No drug use differences between groups. Comment: Initial follow-up was 2-week post.
	skills; role-played negotiation of condom use; assertiveness; problem solving; and communication skills involving safer sex scenarios. Comparison group received one session of AIDS information routinely provided by the clinic.	

El-Bassel N, Schilling RF (1992) 15- Month Follow-up of Women Methadone Patients Taught Skills to reduce Heterosexual HIV		
Transmission. Public Health Reports 107(5):500-4		
IDU/	15-month follow-up of study summarized above (Schilling RF,	Compared to the information-only group, women in the
POC	EL-Bassel et al. (1991) Building Skills of Recovering Women	skills-building group showed an increase in frequency of
(African-	Drug Users to Reduce Heterosexual AIDS Transmission.	condom use at 15 month follow-up. The groups did not
Am/	Public Health Reports 106(3): 297-304).	differ significantly in number of sex partners.
Hispanic)		

DiClemen	DiClemente RJ, Wingood GM (1995) A Randomized controlled trial of an HIV sexual risk-reduction intervention for young African-		
American	American Women. Journal of American Medical Association October 25; 274(16): 1271-1276.		
POC/	Peer mediated 128 sexually active women aged 18-29. Five 2-	At 3-month follow-up. The social skills intervention was	
young	hour weekly group sessions. Session focused on gender,	effective in increasing consistent condom use.	
women	ethnic prided, knowledge of HIV risk behaviors, prevention		
	strategies, sexual assertiveness, modeling and role playing;		
	correct condom use; norm setting exercises and coping skills,		
	sexual self-control, communication skills, and practicums		

Shain RN, Piper JM, Newton ER, et al. (1999) A randomized, controlled trial of a behavioral intervention to prevent sexually transmitted		
disease among minority women. New England Journal of Medicine 340: 93-100.		
Women	424 Mexican-American and 193 African-American women	High rates of session attendance and retention in study.
of Color	with nonviral STDs. Randomized trial. Intervention 3 weekly	Rates of subsequent infection significantly lower in
	small-group sessions, 3-4 hours each. 5-6 women per group	intervention group at both follow-ups.
	and female facilitator, all of same race/ ethnicity. Sessions	Comment: Very strong study design.
	designed to help recognize personal susceptibility, commit to	
	changing behavior, and acquire skills. Based on AIDS Risk	
	Reduction Model 6 and 12 mo follow-up	

O'Donnell CR, O'Donnell L et al. (1998) Reductions in STD infections subsequent to an STD clinic visit: Using video-based patient		
education to supplement provider interactions. Sexually Transmitted Diseases 25(3): 161-168.		
POC/	2,004 adult males in South Bronx, New York. Tested video-based	Men who participated in experimental groups had
African	STD prevention. Random assignment to three groups: video plus	significantly lower rates of new STD infection than those in
Am and	discussion, video only, usual clinic services (control). Interactive	comparison group. No difference between video only group
Hispanic	session was small group format (three to eight patients) at the clinic	and video plus discussion group. Clients with multiple sex
males	and facilitated by an STD counselor. Two culturally sensitive videos (Let's Do Something Different for African Americans and	partners experienced greatest effect.
	Porque Si for Hispanics)	

Malow RE, West JA et al. (1994) Outcome of Psychoeducation of HIV risk reduction. AIDS Education and Prevention 6(2): 113-125.		
POC/	152 African American males at in-patient tx program	47.5% of intervention group participants reported having
Drug use	participated in group-level sessions. Non-peer led, held for 2	more than one partner at three-month follow-up compared
(African	hours over 3 consecutive days, 6-8 people. Sessions included	to 76% at the baseline. In the comparison group. The
American	HIV knowledge/ risk, demonstrated cleaning works; condom	change from 76% at baseline to 59% at the follow was
cocaine	use, condom negotiating, and skills-building exercises; review	considered to be not statistically significant. Sexual risk
users)	and discussion of HIV testing procedures.	taking decreased from 75% at baseline to 32% at follow-up.

Kalichman SC, Cherry C and Browne-Sperling F (1999) Effectiveness of a Video-Based Motivational Skills-Building HIV Risk-		
Reduction Intervention for Inner-City African American Men. Journal of Consulting and Clinical Psychology 67:959-966.		
African-	117 heterosexually active African-American men recruited	Men in motivational-skills group decreased rate of
Am men	from public clinic. Randomly assigned to either a 6-hr video-	unprotected vaginal intercourse and used more condoms at
	based small group motivational-skills intervention or a 6-hr	3 months. Both groups showed increased condom use at 6-
	video-based HIV education comparison group.	month follow-up.

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Susser E, \	Susser E, Valencia E et al. (1998) Human immunodeficiency virus sexual risk reduction in homeless men with mental illness. Archives of		
General Ps	General Psychiatry. 55 (3): 266-72.		
Homeless	97 men (of 116 eligible) from a psychiatric program at a	For 59 participants who were sexually active before the	
men	homeless shelter participated in a randomized clinical trial.	trial, experimental group's mean score on sexual risk index	
	Most were African-American with a chronic psychotic	was 3 times lower than control group's at 6 months and 2	
	disorder and substance use disorder. Two arms: 15-session	times lower at 18 months.	
	group intervention or 2-session control intervention. Observed		
	for 18 months		

Nyamathi AM, Flaskenis J et al. (1994) Evaluation of Two AIDS Education Programs for Impoverished Latina Women. <i>AIDS Education and Prevention</i> 6(4):296-309.			
POC			
Women	receive 1 hour AIDS education and testing small group. The	reduction in risk (injection drug use, non-injection drug use,	
drug	test group received a 2 hour program with testing	and sexual activity with multiple partners). No effects of	
using/	individualized, behavior practices, coping, self-esteem. Video	specialized intervention.	
homeless	in both groups.	Concern: Very short follow-up.	

Rhodes R, Wolitski RJ et al. (1992) An experiential program to reduce AIDS risk among female sex partners of injection drug users.			
Health and	Health and Social Work 17:261-272.		
Women	69 women recruited though street outreach participated in 3	At immediate post-intervention, 91% reported having made	
(Sex	90-min group sessions heal on consecutive days then a fourth	positive changes to reduce AIDS risk and 68% of women	
partners	session one week later and underwent HIV C/T. Sessions	who did not use condoms before intervention reported they	
of IDUs)	focused on AIDS education, condom use, needle cleaning,	had since entering intervention. (no statistical analysis)	
	negotiation, problem-solving skills building; referrals; and		
	post-intervention weekly support groups.		

Schilling R	Schilling RF, Ivanoff A et al. (1994) HIV-related risk reduction among women offenders in jail and in the community.		
X Internation	X International Conference on AIDS. 10,43		
Women/	159 Drug-abusing female offenders, approaching release from	At follow-up, there was a trend for intervention participants	
Drug Use	a 3-12 month sentence, were recruited from Rikers Island.	to report greater condom use improvements.	
	Women were randomly assigned to (1) 8 group session		
	conducted in prison and 8 individual session in the community		
	post-release, focussing on AIDS information; condom use;		
	needle-cleaning; and negotiation skills building and social		
	support; or (2) an information-only		

Eldridge, GD, St. Lawrence JS, Little CE et al. (1997) Evaluation of an HIV risk reduction intervention for women entering inpatient substance abuse treatment. <i>AIDS</i> 9: 62-77.		
Women/	117 drug-using women court-ordered into inpatient drug tx.	At 2-month follow-up, women in skills training groups
Drug Use	Compared effectiveness of an educational intervention and a	showed improvement in communication skills, condom
	behavioral skills training intervention at reducing sexual risk.	application skill, and condom use. Both groups showed
	Both groups reported high rates of sexual risk prior to	decreased drug use and drug-related high-risk sex activity.
	intervention.	Concern: short follow-up

Hobfoll SE	E, Jackson AP (1994) Reducing Inner-City Women's AIDS Risk A	Activities: A Study of Single, Pregnant Women. <i>Health</i>
Psychology	y 13(5):397-403.	
Pregnant Women	206 participants, who were single pregnant women, attended four 90-120 min. group sessions of 2-8 women, taped segments of assertiveness, negotiation, planning, and AIDS prevention skills including role plays, cognitive rehearsal, formulate health action plan.	6 mo. Follow-up improvement in condom use for vaginal sex, condom and spermicide acquisitions for intervention and not for control. Concern: Applicability to non-pregnant persons.
Baker S et	al. (1999) Personal communication	
Women	Choices Project. Women randomly assigned to Relapse Prevention intervention (experiment) or health education and social support intervention (control). Both interventions 16-session, 2-hour weekly groups.	Both groups reduced number of risky sexual acts at 4 months and change is sustained at 12 months. No difference between groups. Both groups also increased and maintained safer sex negotiation skills.
_	S, Greenberg JM et al. (1992) Effect of HIV Antibody Testing and navior. <i>Annals of Internal Medicine</i> 117(11):905-911.	l AIDS Education on Communication About HIV Risk and
College students	435 university students at outpatient student health clinic. Consisted of a multimedia presentation in a single 1-hour small-group session. Led by physicians familiar with HIV counseling. The session began with an 11 min video, 15 min scripted lecture (AIDS 101, routes of transmission, and safer sex behaviors, obstacles to using condoms, communication with sex partners, and the role of drugs and alcohol in promoting unsafe sex behaviors). Following the lecture, participants engaged in 15 minutes of role-play and 15 minutes group discussion. Students randomly assigned to get HIV testing.	After 6 months, heterosexual university student who received education about HIV infection plus HIV testing were more likely compared with students in the control group to increase communication with their sexual partners about the risk of HIV infection. No difference in condom use or number of sexual partners. Concern: Applicability of results to other (non-college, high-risk) populations.

Sikkema K	Sikkema KJ, Winett RA et al. (1995) Development and Evaluation of an HIV-Risk Reduction Program for Female College Students.		
AIDS Educ	AIDS Education and Prevention 7(2): 145-159.		
College	43 heterosexual college women participated in four 75 to 90-	The intervention was effective at improving one key	
women	min. session held over a one-month period with groups of	determinant of sexual risk behavior: sexual assertiveness	
	seven to 10 participants. Female doctoral students served as	and communication skills. The skill-building participants	
	group mediators. The intervention covered topics such as risk	showed greater improvement from baseline to the	
	behavior education, behavioral self-management, assertiveness	immediate follow up in overall assertiveness skill, in the	
	training, decision making, safer sex negotiation, condom use	sum of four components of skill and in two of the four	
	and maintenance of risk-reduction behavior. The control	components: acknowledgment of partners' request for sex	
	group received one 90-min. session covering the same topics	and suggestion of alternative lower-risk behavior.	
	but using a didactic education approach.	<u>Concern:</u> Applicability of results to other (non-college,	
		high-risk) populations.	

O'Leary A, Jemmott LS et al. (1996) Effects of an institutional AIDS prevention intervention: moderation by gender. <i>AIDS Education and Prevention</i> 8 (6): 516-28.		
College students	Low-intensity, institutional safer sex campaign at NJ college. Mailed sexual behavior surveys to 1 st year students at intervention and control campuses at beginning and end of year.	Men at intervention campus (vs. control) significantly reduced risky sexual encounters. Women did not. Women at intervention campus (vs. control) showed reduced self-efficacy to perform safe sex.

Stanton BF	Stanton BF, Li X et al. (1996) A Randomized, Controlled Effectiveness Trial of an AIDS Prevention Program for Low-Income African-		
American \	Youth. Archives of Pediatrics and Adolescent Medicine. 150(4):3	63-372.	
African-	Public Housing developments/rural campsites. 383 African-	Condom use in the short term (6 month after intervention)	
Am youth	American youth, 9 to 15 years of age, in peer groups. 7	showed significant improvement for intervention youth	
	weekly sessions (1-1/2 hour each) and one day-long session.	compared with control youth. Long-term follow-up (2	
	Each session led by a pair of interventionists, recruited from	years) showed that intervention youth were less likely than	
	the community, most of whom were African-American. Group	control youth to adopt a risk behavior, though they were not	
	sessions included communication and negotiating skills, value	less likely to experiment with a risk behavior.	
	clarification, goal setting and peer norms. Small-group	Concern: Condom use difference disappeared at 12-month	
	discussions, lectures, videos etc. In session 7 the group	follow-up.	
	developed community projects with intervention messages.		

St. Lawrence JS, Brasfield TL et al. (1995) Cognitive-behavioral Intervention to Reduce African-American Adolescents' Risk for HIV			
Infection	Infection. Journal of Consulting and Clinical Psychology 63(2): 221-237.		
POC/	Public health clinic serving low-income families in a mid-size	Male and female adolescents who received the intervention	
Youth	southern US city. 246 inner-city youth ages 14-18.	increased condom use significantly. The males in the group	
(African-	Intervention was 8 group sessions (1½ to 2 hours each) of 5 to	also lowered their rates of unprotected intercourse to a	
Am)	15 participants. Group sessions were co-led by trained	greater extent than did males in the information-only	
	facilitators. The group members used role-playing techniques	intervention. The females who received skills-training,	
	and practiced skills-building activities in smaller groups of two	compared with those who received information only,	
	to three persons. Sessions included HIV/AIDS education; peer	decreased the frequency of unprotected intercourse. Thus,	
	pressure and sexual decision making; communication and	the skills training intervention was more successful both in	
	assertiveness skills-building activities; meeting an HIV	lowering risky behaviors and in sustaining safe alternatives	
	positive youth; discussion on the most beneficial components	such as condom use among youth who remained sexually	
	of the intervention and how they increased self-efficacy.	active.	
	Control group received 2 hours of education.		

Jemmott JI	Jemmott JB, Jemmott LS et al. (1992) Reductions in HIV risk-associated sexual behaviors among black male adolescents: Effects of an		
AIDS Prevention Intervention. American Journal of Public Health 82(3):372-377			
POC/	157 participated in 5 hour intervention based on theory of	3 mo. follow-up, fewer sexual partners in intervention	
Youth	reasoned actions. Intervention provided information, video,	group, more condom use and less anal intercourse.	
(African	games, exercises, and skills building. Other group was		
Am)	provided different subject matter presentation.		

Rotheram-	Rotheram-Borus MJ, Koopman C et al. (1991) Reducing HIV sexual risk behaviors among runaway adolescents. Journal of American		
Medical Association 266(9):1237-1241.			
POC/	Non-random control 197 runaways. Small group sessions 90-	3 and 6 month follow-up. Increased number of sessions	
Youth	120 min., 4 days/week. Each up to 30 sessions at least 3	associated with increased condom use, and decreased risk	
	private session, develop soap opera dramas, review videos,	behaviors. An update of the intervention in 1997 CDC	
	skills coping.	compendium shows similar results.	

Walters HJ, Vaughn RD (1993) AIDS risk reduction among a multi-ethnic sample of urban high school students. <i>Journal of American</i>		
Medical Association 270(6): 725-730.		
School-based program with two intervention schools and two	Three month follow-up and change scores on knowledge,	
comparison schools, 1316 students. Six 1-hour lessons on	benefits, norms, self-efficacy and risk; unavailable for	
AIDS facts, risk appraisal, personal values, norm change, role	follow-up were riskier at baseline, modest effects on	
play, negotiating skills, and how to use condoms.	behavior.	
	Concern: Setting specific?	
	School-based program with two intervention schools and two comparison schools, 1316 students. Six 1-hour lessons on AIDS facts, risk appraisal, personal values, norm change, role	

Howa	Howard M, McCabe J (1990) Helping teenagers postpone sexual involvement. Family Planning Perspectives 22:21-6.		
POC/ Eight graders (536) recruited through medical records. 18 month follow-up fewer students initiated sex		18 month follow-up fewer students initiated sex in	
Youth Intervention was peer-led 5 sessions, emphasis on postponing intervention group.		intervention group.	
	sexual involvement, discussing peer pressures, skill practice to	Concern: Emphasis on postponing sex.	
	resist pressure.		

Magura S,	Magura S, Kang S. et al. (1994) Outcomes of Intensive AIDS Education for Male Adolescent Drug Users in Jail . <i>Journal of Adolescent</i>		
Health 15(Health 15(6): 457-463.		
Young	NYC DOC Adolescent Reception and Detention Center. 157	Youth in the intervention were more likely to use condoms	
POC/	youths aged 16-19, most were African-American or Hispanic.	during vaginal, oral or anal sex, had fewer high-risk sex	
drug	4 1-hour small-group sessions of eight led by male counselor.	partners, and had more favorable attitudes toward condoms	
users	Sessions focused on health education issues relevant to male	than youth not in the intervention.	
	adolescent drug users, with an emphasis on HIV/AIDS. Group	<u>Comment:</u> None of youth admitted to using injection drugs.	
	activities included role-play and rehearsal techniques.	Curriculum focused on sexual risk reduction.	

Levy JA, F	Levy JA, Fox SE (1998) The Outreach-assisted Model of Partner Notification with IDUs. <i>Public Health Report</i> 113(S-1): 160-9.	
Youth	School-based program with 15 school districts randomly assigned to 3 conditions a) parent interactive; b) parent non-	Intervention groups use of condoms and foam from 14% to 24%. Had sex less often. No difference in use of condoms
	interactive and c) wait list. Intervention was lecture, small	alone.
	group discussion, skills building to: resist social pressures;	Concern: Setting specific?
	obtain preventive practices, role play, practice, homework. 10 session provided to 7 th graders and 5 sessions provided to the	
	8 th graders.	

Kirby D, I	Kirby D, Barth RP et al. (1991) Reducing the risk: Impact of a new curriculum on sexual risk taking. Family Planning Perspectives		
23(6): 253	23(6): 253-263.		
Youth	School-based program conducted over 15 classroom periods, with teach-led discussion and exercises where teach and classroom peers modeled desirable behaviors. 23 classes in ten urban and rural school districts.	Intervention group had prolonged first onset of intercourse than control group. After 18 months, 29% of the intervention group had initiated intercourse compared with 38% of the control group. Outcomes regarding unprotected sex refer generally to birth control, not specifically to condoms. Concerns: Small effect, if any, for high-risk sexually active youths. Setting specific?	

	Main DS, Iverson DC et al. (1994) Preventing HIV Infection Among Adolescents: Evaluation of School-Based Education Programs. <i>Preventive Medicine</i> 23(4):409-417.		
Youth	School-based program conducted over 15 sessions (40 hours). Program consist of 3 HIV knowledge sessions, 2 normative determinates of risky behavior, one on teen vulnerability and eight on development skills to identify and manage risking situations.	AT 6-month follow-up, sexually active students reported significantly fewer partners and greater frequency of condom use. Concern: Setting specific?	

Basen-Eng	Engquist K, Coyle K, et al. (2001) Schoolwide Effects of a Multicomponent HIV, STD, and Pregnancy Prevention Program for	
High School	School Students. Health Education & Behavior 28 (2): 166-185.	
Youth	School-based Safer Choices program, a multicomponent,	At 19 months, decreased frequency of sex without a
	behavioral-theory-based HIV, STD, and pregnancy prevention	condom. At 31 months, less sexual intercourse without a
	program. 20 urban high schools randomized into intervention	condom with fewer partners Program did not influence
	and control	prevalence of recent sexual intercourse. Cost-effectiveness
		study showed that Safer Choices is a cost saving program
		under a wide range of estimates (Wang LY et al.).
		Concern: Setting specific?
	IR, Morrison DM, et al. (1997) Effects of a skill-based intervention	• • • • • • • • • • • • • • • • • • • •
-	escents. AIDS Education and Prevention 9, Supplement A: 22-43	
Youth	Total of 396 high-risk youth aged 14-19. Three interventions:	All had modest pre-post effects, but there were few
	comic book, videotape, and group skill-based training.	differences between interventions at 3 and 6 month follow-
		up.
	3, Jemmott LS, Fong GT (1998) Abstinence and safer sex HIV ris	
	zed controlled trial. Journal of the American Medical Association	
African-	Randomized controlled trial with 3-, 6-, and 12-month follow-	Abstinence: less likely to report sex at 3 months, but not at
Am	up. 659 male and female African-American 6 th and 7 th	6 or 12 months. Safer-sex: more consistent condom use
Youth	graders. 8 1-hour modules, adult facilitators or peer co-	than control at 3 months and higher frequency of condom
	facilitators. Abstinence intervention stressed delaying	use at all follow-ups. Among youth sexually experienced at
	intercourse or reducing frequency; safer sex intervention	baseline, safer-sex intervention reported less sex at 6
	stressed condom use; control intervention concerned health	months and 12 months than other two groups and less
	issues unrelated to sexual behavior.	unprotected sex at all follow-ups than control. No
		differences in intervention effects with adult facilitators
		compared with peer co-facilitators.

Ī	The National Institute of Mental Health (NIMH) Multisite HIV Prevention Trial Group (1998). The NIMH Multisite HIV Prevention		
	Trial: Reducing HIV sexual risk behavior. Science 280: 1889-94.		
Ī	POC	Project Light. Randomized, controlled trial with 3 high-risk	Both groups decreased frequency of unprotected sex at
		populations at 37 inner-city, community-based clinics at 7 US	follow-up. Compared to controls, intervention group
		sites. 1855 control and 1851 intervention participants, mostly	reported fewer unprotected sexual acts, had higher levels of
		African-American or Hispanic. Experimental condition:	condom use, and were more likely to use condoms
		Small-group (5-15), twice weekly 7 session program, 90-120	consistently over a 12-month follow-up period. In
		minutes per session. Separate male and female groups. Co-led	intervention group, more sessions attended associated with
		by a male and a female facilitator. Control condition: 1-hour	greater behavior change. No difference in overall STD
		AIDS education session that included videotape and Q&A	reinfection rate. Among men recruited from STD clinics,
		neriod.	lower gonorrhea incidence at follow-up.

Community-Level

Vincent L,	, Clearie A et al (1987) Reducing adolescent Pregnancy through school and community-based education. <i>Journal of American</i>	
Medical As	ical Association 254(4):3382-3386	
POC/	Intervention to reduce adolescent pregnancies. Three-hour	2 year follow-up. Pregnancy rates decreased by half in
Youth	courses for teachers. Sex education in all grades. Training for	target county only.
	clergy, church leaders and parents. Mass media speakers.	Concern: Applicability.

Sikkema K	XJ, Kelly JA, Winett RA et al. (2000) Outcomes of a randomized community-level HIV prevention intervention for women		
living in 1	18 low-income housing developments. <i>American Journal of Public Health</i> 90: 57-63.		
Low-	690 low-income women living in 18 housing developments. At 12-month follow-up, proportion of women who had an		
income	Community-level intervention in 5 US cities. HIV risk	UI decreased and percentage of protected sex acts increased	
women	reduction workshops and community prevention events	in intervention group. Little behavior change in control	
	implemented by women who were popular opinion leaders. group.		

	Tross S, Ab	oss S, Abdul-Quader AS, Simons PS, Sanchez M, Silvert HM (1993). Evaluation of a peer outreach HIV prevention program for		
	female partners of injecting drug users (IDUs) in New York City. IX International Conference on AIDS. Berlin, June 1993 [abstract PO			
D13-3737].				
Female 658 FSPs in high drug-use housing project in NYC randomly		658 FSPs in high drug-use housing project in NYC randomly	Significant increase in percentage of intervention group	
	sex	assigned to intervention or control. Intervention was peer	always using condoms and decrease in percentage never	
	partners	outreach and media distribution program.	using condoms. No change in control group.	
	(FSPs) of		<u>Comment</u> : Information from abstract only so few details	
	IDU		available.	

Lauby JL,	Smith PJ, Stark M et al. (2000) A community-level HIV prevention	on intervention for inner-city women: Results of the Women	
and Infants	and Infants Demonstration Projects. American Journal of Public Health 90 (2): 216-222.		
Women	Low-income, primarily AA women in 4 urban communities.	After 2 years, significant increase (11 pct pts) in rates of	
(mostly	Pre-post surveys in matched intervention and comparison	talking with main partner about condoms, also sig increase	
African-	communities. Targeted sexually active. Activities:	(13 pct pts) in proportion who had tried to get main partners	
Am)	development and distribution of prevention materials,	to use condoms. Almost significant (p=054) decrease (9 pct	
	mobilization of peer network of community volunteers,	pts) in never using condoms. Effects stronger for women	
	delivery of prevention messages by trained outreach specialists	who reported exposure to intervention. No intervention	
	through individual contacts and small-group activities. Role	effects for condom use during most recent sex or for	
	model stories. A total of 225-240 women interviewed in each	consistent condom use, but both groups increased over time.	
	intervention and comparison community in each wave of	Trends for condom use for other partners similar but not	
	survey.	significant.	

The CDC A	AIDS Community Demonstration Projects Research Group (1999)	Community-level HIV intervention in 5 Cities: Final
outcome data from the CDC AIDS Community Demonstration Projects. American Journal of Public Health 89: 336-45.		
Multiple	Dala madal stanias distributed with sandams and bloods by	Dy and of intervention 540/ of neasons interviewed in

Multiple sub-pops

Role model stories distributed with condoms and bleach by community members who encouraged behavior change.

Quasi-experimental design. Over 3 years, 15,205 interviews conducted with 10 intervention and comparison community pairs. Outcomes measured on stage-of-change scale. Subpopulations: IDUs, their female sex partners, sex workers, NGI MSM, high-risk youth, residents of areas with high STD rates.

By end of intervention, 54% of persons interviewed in intervention communities had been exposed to materials in past 3 months. Consistent condom use with main and non-main partners, esp. for VI, and increased condom carrying, greater in intervention communities. At individual level, respondents recently exposed to intervention more likely to carry condoms and to have higher stage-of-change scores for condom and bleach use.

Sellers D, McGraw s et al. (1994) Does the promotion and distribution of condoms increase teen sexual activity? Evidence form an HIV
prevention program from Latino youth. American Journal of Public Health 84(12): 1952-1959.

POC/
Youth
(Latinos)

18 month community based program promotes and distributes condoms, workshops, group discussion, presentations, conversing, poster, and newsletters.

Purpose of study to see if condom distribution increases sexual activity. 18 month follow-up. Males in intervention city less likely to become sexually active, girls less likely to report multiple partners.

Concern: Applicability.

Street and Community-Level

Fritz R, Schaffer T (1992) How effective are AIDS education program for high-risk populations? An evaluation of 4 AIDS prevention program in Chicago. *VIII International Conference on AIDS* 8, C335.

Women/
Sex
workers

Street outreach targeted by community outreach programs in Chicago (92 female sex workers).

At 2-month follow-up, women sex workers "increased their condom use" and "reduced number of sex partners". (From compendium, no statistical analysis)

HIV Antibody Counseling & Testing

	Higgins DL, C Galavotti et al. (1991) Evidence for the Effects of HIV Antibody Counseling and Testing on Risk Behaviors. <i>Journal of American Medical Association</i> 266(17):2419-2429.		
General			
General	change (condom use, reduction of sexual partners) of	showed increase in safer sex (undefined) and 1% showed	
	heterosexuals (actual study reviews several populations).	decrease in sexual partners (Note: must were measuring for	
		condom usage – 1% may not be reflective of real change).	

· ·	Kamb ML, Fishbein M et al. (1998) Does HIV/STD Prevention Counseling Work? Results From a Multicenter, Randomized Controlled				
-	Trail Evaluating Counseling Among STD Clinic Patients (Project RESPECT). Journal of American Medical Association 280: 1161-				
General	Project Respect. Five publicly funded STD clinics located in	3 and 6-month follow-up visits, any condom use and			
	US inner cities (Baltimore, Denver, Long Beach, Newark and	consistent condom use were significantly higher among			
	San Francisco). 5758 heterosexual HIV-negative men and	participants in both enhanced and brief counseling			
	women who initially came to the clinics for STD diagnosis and	compared with control. Through the 6-month interval, 30%			
	treatment. Three face-to-face interventions: enhanced	fewer participants had new STDs compared with control.			
	counseling (3-hours interactive sessions), brief counseling (2	Through 12 months, 20% fewer participants in each			
	40-minutes interactive session) and didactic message	counseling intervention had new STD compared with			
	(personalized 10-minutes informational messages about	didactic group.			
	HIV/STD prevention).	Comment: Supported by Branson et al. (1998) Sex Transm			
		Dis 25: 553-559.			

Corby N, Barchi P et al. (1990) Effects of condom skills training and HIV testing on AIDS prevention behaviors among sex workers. VI		
International Conference on AIDS. 6, 267.		
Sex	64 sex workers were randomly selected into four groups.	At 1 month follow-up, women in group 3 showed
workers	Group 1: HIV counseling/testing.	significant increase in condom use during vaginal
	Group 2: 15-min. AIDS prevention program with rehearsal of	intercourse with customers. Women in group 1 reported a
	condom use.	significant decrease in proportion of condom us during oral
	Group 3: both 1 & 2.	sex with customers.
	Group 4: No intervention	

Bevier P, I	Bevier P, Ewing W et al. Effects of counseling on HIV risk behaviors in patient at a New York City sexually transmitted disease clinic.		
VII Interna	VII International Conference on AIDS 7, 458.		
Women	Women 1016 total STD clinic patients received one-session of HIV At 6 month follow-up, women significantly reduced their		
(STD	risk behavior counseling. Total percentage of women	total number of partners from 5.9 to 4.3 in a 6 month period.	
clients)	unknown.	Condom use 'increased slightly', but sex partners of IDs	
		reported condom use only 10% of the time.	

Partner Notification

Toomey KE, Peterman TA et al. (1998) Human Immunodeficiency Virus Partner Notification Cost and Effectiveness Data From an		
Attempted Randomized Controlled Trial. Sexually Transmitted Disease 25:310-6.		
General	New Jersey and Florida. 8 partners reported per case, one	25% previously positive. 75% of the remainder were tested.
	located per case.	22% positive. New positive partners per original case: 0.1.
		Cost: \$250/index patient; \$427 partner notified; \$2,200 new
		infection identified.

Jordan WO	Jordan WC, Tolbert L (1998) Partner Notification and Focused Intervention as a Means of Identifying HIV-positive Patients. <i>Journal</i>				
National M	National Medical Association 90:542-6.				
General	Los Angeles. 22 of 22 women, 5 of 8 heterosexual men and 6 of the 44 MSM interviewed were able to provide locating information on all of their enumerated/reported partners. Intervention divided MSM into two focus groups. Group 1 was asked: Who do you know that's HIV positive and still practicing unsafe sex? Group 2 was asked: Who do you know that's HIV positive but not in treatment?	13 of the 14 MSM in group 1 were able to identify 30 person they felt were still practicing unsafe sex; 17 of the 30 tested HIV positive and 9 were unaware of their status. Group 2 identified 15 person they felt were HIV positive. 11 were found to be HIV-positive and 8 were unaware of their status.			

General	Utah. All persons reported in state over 2 years (308) 79%	Of those located 34% were previously positive. Of the
	cooperated with 890 named partners with 70% located.	remaining 2763 tested, 14% newly identified as infected.
		IDU, women and confidential (vs. anonymous) testers were
		more likely to cooperate and reported more partners. Cost:
		about \$3,000 per new infection identified.

Landis SE,	, Schoenback VJ et al. (1992) Results of a Randomized Trail of Partner Notification in Cases of HIV infected in North		
Carolina. I	Carolina. New England Journal of Medicine 326:101-6.		
General	North Carolina. Three local health departments. 162	In provider referral, 70 of 157 successfully notified; patient	
	participated, 54% declined and 46% agreed. 39 assigned to	referral, 10 of 153 notified. 23% of partners notified and	
	provider referral, 35 to patient referral.	tested were positive.	

Rutherford	Rutherford GW, Woo JM et al. (1991) Partner Notification and the Control of Human Immunodeficiency Virus Infection. Two year of		
experience	experience in San Francisco. Sexually Transmitted Disease 18:107-110.		
General	San Francisco. 51 interviewed AIDS patients named 135	44% of partners located and interviewed, 25% tested, 5%	
	opposite-sex partners.	HIV infected. Cost: \$454 per partner notified. \$2,203 per	
		positive identified.	

No reviews on Mass & Other Media, Social Marketing, Hotlines, and Clearinghouse.